



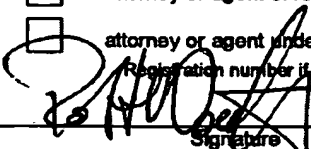
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PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 578918009US	
<b>Application Number</b> 10/786,582-Conf. #4359		<b>Filed</b> February 26, 2004	
<b>For</b> VIBRATING RAZOR HEAD			
<b>Art Unit</b> 3724		<b>Examiner</b> K. E. Peterson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,263</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>                    </u>			
 Signature		<u>6/12/06</u> Date	
Robert G. Woolston Typed or printed name		(206) 359-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
06/15/2006 TBESHAH1 00000002 10786582 02 FC:2253 510.00 OP			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Adjustment date: 10/13/2006 CKHLOK  
06/15/2006 TBESHAH1 00000002 10786582  
02 FC:2253 -510.00 OP

Repln. Ref: 10/13/2006 CKHLOK 0009221500  
DAH:500665 Name/Number:10786582  
FC: 9204 \$510.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>10/10/06</u>		2 Serial/Patent # <u>10/786,582</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
<input checked="" type="checkbox"/>	Extension of Time		06/12/06	\$ 510.00	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 510.00
8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check			
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:		
	Duplicate Payment	9	5	0	--
			0	6	6
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
Can't buy EOT beyond maximum extendable period.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Shirene Willis Brantley</u>		TITLE: <u>Petitions Attorney</u>			
SIGNATURE: <u>Shirene Willis Brantley</u>		PHONE: <u>571 272-3230</u>			
OFFICE: <u>Office of Petitions</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: <u>CKhlok</u>		DATE: <u>10/13/06</u>			

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